		CLAIMS AS	(Column		(Colum	m 2)	SMAL TYPE			OR	OTHER	
TOTAL CLAIMS .					, .		RAT	E	FEE		RATE	FEE
FOF			NUMBER FILED		· NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
TOI	AL CHARGEAE	LE CLAIMS	6 minus 20=		. 0		XS	9=		OR	X\$18=	
ND	PENDENT CLA	ums	2 minus 3 = 1		0		X4				XB0=	
		DENT CLAIM PF							OR	070		
If the difference in column 1 is less than zero, enter "o" in column 2								5=`		OR	+270=	2.2.2
' If (•	•				Admin E	, TO1	AL	السيب ا	OR	TOTAL OTHER	7/000
	CL	AIMS AS A (Column 1)	MENDED	- PAH (Colu		(Column 3)	SM		ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RA*	TΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	· 3	Minus		20	- Ø	X\$	9=		OR	X\$18=	
AMENDM	Independent	• 1	Minus	***	3	• Ø	X4)= -		OR	X80=	
Y	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM	لـــــ	+13	5-		OR	+270=	·
13	1001	65				•		OTAL			TOTAL	
	0/22		•	(Cal)	ımn 2)	(Column 3)	ADDIT	FEE	L	120	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	REST VIBER HOUSLY O FOR	PRESENT	RA	TE	ADDI- TIONAL FEE	`	RATE	ADDI- TIONAL FEE
MO	Total	· 3·	Minus	** (20	- O	XS	9=		OR	X\$18-	
MEN	Independent	•	Minus	•••	3	• 🔿	X4	0=		OR	X80=	
٢	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		+13	 35=		OR	+270=	
					•			OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Coli	umn 2)	(Column 3)	ADDIT	. rtt			ALCUIT FE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE	MEST MBER MOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus .			=	XS	9=		OR	X\$18=	
	Independent	•	Minus	***		# .	X4	ю <u>-</u>	 	OR	Voo	
Ľ	FIRST PRESE	NTATION OF M	AULTIPLE DE	PENDE	NT CLAIM				 	1		†
	If the entry in	ann 1 is less than	the entry in on	lumn 2. w	nte W in c	otumn 3.	L.,	35= 101AL	 	OR	-	13
	to the centry in the	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			C la lace &	an 20, enter "20.	ADDI			OR	ADDIT. FE	-14

FORM PTO-678 (Rau. 800) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
TUS. GPO: 2000-460-70800103

Application or Docket Number